

03560.002502.

PATENT APPLICATION

8/B
5-4-04
NP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MINORU HAYASAKI

Application No.: 09/449,972

Filed: November 26, 1999

For: IMAGE PROCESSING APPARATUS,
AND IMAGE COMMUNICATION
APPARATUS FOR PROTECTING
IMAGE INFORMATION, AND
METHOD FOR CONTROLLING THE
SAME

Examiner: Melanie M. Vida

Group Art Unit: 2626

April 27, 2004

RECEIVED

APR 30 2004

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated April 6, 2004, please amend this application as follows. The claim amendments are reflected in the listing that begins at page 2. /
The remarks begin at page 7.



2597

In re Application of:

Docket No. 03560.002502

MINORU HAYASHI

Application No.: 09/449,972

Examiner: Melanie M. Vida

Filed: November 26, 1999

Group Art Unit: 2697

For: IMAGE PROCESSING APPARATUS, AND
IMAGE COMMUNICATION APPARATUS
FOR PROTECTING IMAGE INFORMATION,
AND METHOD FOR CONTROLLING THE
SAME

Date: April 27, 2004

RECEIVED

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

APR 30 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 16	MINUS	** 20	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$43 \$86	\$ 0
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 8,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
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